Image# 29934012750 06/15/2009 21:26

| REPORT OF   |                |   |                |                         | OF PRESIDEN             | 1 / 40<br>T OR VICE-PRESIDENT |
|---|----------------|---|----------------|-------------------------|-------------------------|-------------------------------|
| 1. NAME OF COMMITT  |                |   |                |                         |                         |                               |
| MIKE GRAVEL FO  | R PRESIDE      | NT 2008                                     |                |                         |                         |                               |
| ADDRESS (number and   | d street)      | Check if differe                            | nt than previo | usly reported           |                         |                               |
| 1600 N OAK ST #1412   |                |   |                |                         | 2. IDENTIFICATE C004232 |                               |
| CITY, STATE, and ZIP  | CODE           |   |                |                         | 3. IS THIS REP          |                               |
| ARLINGTON   | VA             |   | 22209          |                         | Primary                 | General General               |
| 4. TYPE OF RI   | EPORT          | (Check here if th                           | is is a Termin | ation Report.)          |                         |                               |
| April 15 Quartarly Bo   | on ort         |   |                | Monthly Report Due      | On:                     |                               |
| April 15 Quarterly Re   |                |   |                | February 20 March 20    | ☐ June 2                | <u>=</u>                      |
| July 15 Quarterly Report  |                |   | April 20       | Augus                   | <u>=</u>                |                               |
| October 15 Quarterly  | / Report       |   |                | May 20                  | Septe                   | mber 20                       |
| January 31 Year End   | d Report       |   |                | Twelfth day report p    | receding                |                               |
|   |                |   |                | alaatiaa aa             |                         | (Type of Election)            |
|   |                |   |                | election on             |                         | in the State of               |
|   |                |   |                | Thirtieth day report f  | following the Gener     | ral Election on               |
|   |                |   |                | on                      |                         | _                             |
| IS THIS REPORT AN A   | MENDMENT       | X YES                                       | □ NO           |                         |                         |                               |
| 5. COVERING PERIOD  |                |   |                | FROM 09/01/2008         |                         | THROUGH<br>09/30/2008         |
| SUMMARY   |                | I HAND AT BEGINNII<br>ING PERIOD            | NG OF THE      |                         |                         | 209.66                        |
|   |                | ECEIPTS THIS PERI<br>ne 22, Column A, Page  |                |                         |                         | 156.51                        |
|   | 8. SUBTOTA     | <del></del>                                 |                |                         |                         | 366.17                        |
| 9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) |                |   |                |                         | 187.72                  |                               |
|   |                | N HAND AT CLOSE Line 9 from 8)              | OF REPORT      | ING PERIOD              |                         | 178.45                        |
|   |                | AND OBLIGATIONS (<br>All on Schedule C-P or |                |                         |                         | 428.46                        |
|   |                | AND OBLIGATIONS (<br>All on Schedule C-P or |                |                         |                         | 187677.73                     |
|   | 13. EXPEND     | DITURES SUBJECT 1                           | TO LIMITATIO   | ON                      |                         | 0.00                          |
| NET ELECTION CYCLE-<br>TO-DATE                                      |                | NTRIBUTIONS (Othe<br>Line 28d, Column B fo  |                |                         |                         | 0.00                          |
| EXPENDITURES  |                | ERATING EXPENDIT<br>Line 20a, Colummn B     |                | umn B, Page 2)          |                         | 0.00                          |
| I certify that I have exa   | mined this Re  | eport and to the best                       | of my knowl    | edge and belief it is t | rue, correct, and       | complete.                     |
| Type or Print Name of Tr  |                |   |                |                         |                         | Date 06/15/2009               |
| Signature of Treasurer  |                |   |                |                         |                         | 1                             |
| NOTE: Submission of fa  | lse, erroneous | , or incomplete informa                     | ation may subj | ect the person signing  | this Report to the p    | penalties of 2 U.S.C. §437g.  |
| All previous versions of F  |                | •   |                |                         | · '                     |                               |
| For further information   | contact:       | Federal Election C<br>999 E Street, N.W     |                | Toll Free 800-424       |                         | FEC FORM 3P<br>(01/2001)      |

Local 202-694-1100

Washington, DC 20463

| Name of committee (in full)  MIKE GRAVEL FOR PRESIDENT 2008                             |                 | Report Covering the Period    | k                                  |
|---|-----------------|-------------------------------|------------------------------------|
| MIKE GRAVEL FOR PRESIDENT 2008  |                 | From: 09/01/2008              | To: 09/30/2008                     |
| I. RECEIPTS   |                 | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
| 16. FEDERAL FUNDS (Itemize on Schedule A-P)   |                 | 0.00                          | 0.00                               |
| 17. CONTRIBUTIONS (other than loans) FROM :   |                 |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees                                 |                 | 156.51                        | 0.00                               |
| (b) Political Party Committees  |                 | 0.00                          | 0.00                               |
| (c) Other Political Committees  |                 | 0.00                          | 0.00                               |
| (d) The Candidate   |                 | 0.00                          | 0.00                               |
| (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c)                     | , 17(d))        | 156.51                        | 0.00                               |
| 18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES  |                 | 0.00                          | 0.00                               |
| 19. LOANS RECEIVED:   |                 |                               |                                    |
| (a) Loans Received From or Guaranteed by Candidate                                      |                 | 0.00                          | 0.00                               |
| (b) Other Loans   |                 | 0.00                          | 0.00                               |
| (c) TOTAL LOANS (Add 19(a) and 19(b))   |                 | 0.00                          | 0.00                               |
| 20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :                                  |                 |                               |                                    |
| (a) Operating   |                 | 0.00                          | 0.00                               |
| (b) Fundraising   |                 | 0.00                          | 0.00                               |
| (c) Legal and Accounting  |                 | 0.00                          | 0.00                               |
| (d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 2                               | 0(b) and 20(c)) | 0.00                          | 0.00                               |
| 21. OTHER RECEIPTS (Dividend, Interest, etc.)   |                 | 0.00                          | 0.00                               |
| 22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)                                |                 | 156.51                        | 0.00                               |
| II. DISBURSEMENTS   |                 |                               |                                    |
| 23. OPERATING EXPENDITURES  |                 | 187.72                        | 0.00                               |
| 24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES  |                 | 0.00                          | 0.00                               |
| 25. FUNDRAISING DISBURSEMENTS   |                 | 0.00                          | 0.00                               |
| 26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS   |                 | 0.00                          | 0.00                               |
| 27. LOAN REPAYMENTS MADE :  |                 |                               |                                    |
| (a) Repayment of Loans made or Guaranteed by Candidate                                  |                 | 0.00                          | 0.00                               |
| (b) Other Repayments  |                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))                                    |                 | 0.00                          | 0.00                               |
| 28. REFUNDS OF CONTRIBUTIONS TO :   |                 |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees                                 |                 | 0.00                          | 0.00                               |
| (b) Political Party Committees  |                 | 0.00                          | 0.00                               |
| (c) Other Political Committees (d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c)) |                 | 0.00                          | 0.00                               |
|   |                 |                               |                                    |
| 29. OTHER DISBURSEMENTS   |                 | 0.00                          | 0.00                               |
| 30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)                       |                 | 187.72                        | 0.00                               |
| III. CONTRIBUTED ITEMS (Stock, Art Ob   | ojects, etc.)   |                               |                                    |
|   |                 | ı                             |                                    |

| ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds) (PAGE 3, FEC FORM 3P) | 3 / 40 |
|--|--------|
|  |        |

1. NAME OF COMMITTEE (in full)

**MIKE GRAVEL FOR PRESIDENT 2008** 

ADDRESS (number and street)

1600 N OAK ST #1412

CITY, STATE, and ZIP CODE

ARLINGTON VA 2. IDENTIFICATION NUMBER

C00423202

# **ALLOCATION BY STATE**

22209

| STATE ALLOCATION TOTAL THIS PERIOD ALLOCATION TO DATE |      | STATE | ALLOCATION<br>THIS PERIOD |      |      |
|---|------|-------|---------------------------|------|------|
| Alabama   | 0.00 | 0.00  | Nebraska                  | 0.00 | 0.00 |
| Alaska  | 0.00 | 0.00  | Nevada                    | 0.00 | 0.00 |
| Arizona   | 0.00 | 0.00  | New Hampshire             | 0.00 | 0.00 |
| Arkansas  | 0.00 | 0.00  | New Jersey                | 0.00 | 0.00 |
| California  | 0.00 | 0.00  | New Mexico                | 0.00 | 0.00 |
| Colorado  | 0.00 | 0.00  | New York                  | 0.00 | 0.00 |
| Connecticut   | 0.00 | 0.00  | North Carolina            | 0.00 | 0.00 |
| Delaware  | 0.00 | 0.00  | North Dakota              | 0.00 | 0.00 |
| District of Columbia                                  | 0.00 | 0.00  | Ohio                      | 0.00 | 0.00 |
| Florida   | 0.00 | 0.00  | Oklahoma                  | 0.00 | 0.00 |
| Georgia   | 0.00 | 0.00  | Oregon                    | 0.00 | 0.00 |
| Hawaii  | 0.00 | 0.00  | Pennsylvania              | 0.00 | 0.00 |
| Idaho   | 0.00 | 0.00  | Rhode Island              | 0.00 | 0.00 |
| Illinois  | 0.00 | 0.00  | South Carolina            | 0.00 | 0.00 |
| Indiana   | 0.00 | 0.00  | South Dakota              | 0.00 | 0.00 |
| Iowa  | 0.00 | 0.00  | Tennessee                 | 0.00 | 0.00 |
| Kansas  | 0.00 | 0.00  | Texas                     | 0.00 | 0.00 |
| Kentucky  | 0.00 | 0.00  | Utah                      | 0.00 | 0.00 |
| Louisiana   | 0.00 | 0.00  | Vermont                   | 0.00 | 0.00 |
| Maine   | 0.00 | 0.00  | Virginia                  | 0.00 | 0.00 |
| Maryland  | 0.00 | 0.00  | Washington                | 0.00 | 0.00 |
| Massachussetts  | 0.00 | 0.00  | West Virginia             | 0.00 | 0.00 |
| Michigan  | 0.00 | 0.00  | Wisconsin                 | 0.00 | 0.00 |
| Minnesota   | 0.00 | 0.00  | Wyoming                   | 0.00 | 0.00 |
| Mississippi   | 0.00 | 0.00  | Puerto Rico               | 0.00 | 0.00 |
| Missouri  | 0.00 | 0.00  | Guam                      | 0.00 | 0.00 |
| Montana   | 0.00 | 0.00  | Virgin Islands            | 0.00 | 0.00 |
|   |      |       | TOTALS                    | 0.00 | 0.00 |

| Schedule A-P ITEMIZED RECEIPTS |  |                            | Lieu conorate a shadula(s)  | FOR LINE NUMBER: PAGE 4 / 40   |
|--------------------------------|--|----------------------------|---|--|
|                                |  |                            | Use separate schedule(s) for each category of the                         | (check only one)   |
|                                |  |                            | Detailed Summary Page   | 16 x 17a 17b 17c 17d 18<br>19a 19b 20a 20b 20c 21  |
| A<br>0                         | ny information copied from such Reports and St r for commercial purposes, other than using the | atements ma<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
|                                | NAME OF COMMITTEE (In Full)  MIKE GRAVEL FOR PRESIDENT 2008                                    | 3                          |   |  |
| Α.                             | Full Name (Last, First, Middle Initial)<br>EJ MARON  |                            |   | Date of Receipt  |
|                                | Mailing Address<br>3627 Fisk Ave Rear  |                            |   | 09 / 11 / 2008   |
|                                | City   | State                      | Zip Code  |  |
|                                | PHILLADELPHIA  | PA                         | 19129   | Amount of Each Receipt this Period   |
|                                | FEC ID number of contributing federal political committee.                                     |                            |   | 56.51  |
|                                | Name of Employer<br>NONE   | Occupation RETIREI         |   | CONTRIBUTION   |
|                                | Receipt For: 2008  X Primary General  Other (specify) ▼  | Election (                 | Cycle-to-Date ▼ 56.51   | Transaction ID: SA17A.20585  |
| В.                             | Full Name (Last, First, Middle Initial) GREGORY WOOD   |                            |   | Date of Receipt  |
|                                | Mailing Address<br>10439 Hearn's Way   |                            |   | 09 / 06 / 2008   |
|                                | City   | State                      | Zip Code  |  |
|                                | <u>Delmar</u>  | DE                         | 19940   | Amount of Each Receipt this Period   |
|                                | FEC ID number of contributing federal political committee.                                     |                            |   | 100.00   |
|                                | Name of Employer<br>NONE   | Occupation RETIREI         |   | CONTRIBUTION   |
|                                | Receipt For: 2008  | Election (                 | Cycle-to-Date ▼   |  |
|                                | X Primary General Other (specify) ▼  | 0 0                        | 100.00  | Transaction ID: SA17A.20583  |
|                                |  |                            |   | 1141134311011 ID. 0/11//1.20000  |

|   |          | 156.51 |
|---|----------|--------|
| SUBTOTAL of Receipts This Page (optional)           |          | 100.01 |
| TOTAL This Period (last page this line number only) | <b>•</b> | 156.51 |

#### Schedule C-P PAGE 5/40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4621 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 30000.00 23900.00 6100.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 24 0 7 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 6100.00 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

#### Schedule C-P PAGE 6 / 40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4629 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 0.00 3000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred D 1 24 0 7 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3000.00 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

#### Schedule C-P PAGE 7/40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4622 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 0.00 15000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred 0 9 2006 12/31/2006 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 15000.00 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

#### Schedule C-P PAGE 8 / 40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4623 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 100.00 100.00 **TERMS** Secured: Date Due Interest Rate Date Incurred 0 9 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 100.00 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

#### Schedule C-P PAGE 9 / 40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4726 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 25 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 5000.00 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

#### Schedule C-P PAGE 10 / 40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4743 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 0.00 6000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred о 3 0 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 6000.00 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

#### Schedule C-P PAGE 11/40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4744 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred D 1 1 8 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 5000.00 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

#### Schedule C-P PAGE 12/40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5215 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 806.74 806.74 **TERMS** Date Due Interest Rate Secured: Date Incurred 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 806.74 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

#### Schedule C-P PAGE 13 / 40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5217 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 181.87 181.87 **TERMS** Date Due Interest Rate Secured: Date Incurred 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 181.87 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

#### Schedule C-P PAGE 14/40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5220 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 95.70 95.70 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 95.70 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

#### Schedule C-P PAGE 15/40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5216 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00 0.00 1500.00 **TERMS** Secured: Date Due Interest Rate Date Incurred D 1 25 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 1500.00 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

#### Schedule C-P PAGE 16 / 40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5219 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 43.59 43.59 **TERMS** Date Due Interest Rate Secured: Date Incurred D 0 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 43.59 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

#### Schedule C-P PAGE 17/40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5221 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 1000.00 1000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred D 1 28 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 1000.00 SUBTOTALS This Period This Page (optional) ...... .00 TOTALS This Period (last page in this line only)

#### Schedule C-P PAGE 18/40 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5218 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 787.83 787.83 **TERMS** Date Due Interest Rate Secured: Date Incurred 03 8 0 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 787.83 SUBTOTALS This Period This Page (optional) ...... 44615.73 TOTALS This Period (last page in this line only)

#### PAGE 19 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) X 11 numbered line) **Excluding Loans** 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): BALANCE IN PAYPAL NOT YET TRANSFERRED Paypal Inc Mailing Address 7615 37th Ave State ZIP Code City Jackson Heights NY 11372 Outstanding Balance Beginning This Period Transaction ID: SD11.20545 24.74 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 24.74 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PAYPAL DONATIONS NOT YET TRANFERRED Paypal Inc Mailing Address 7615 37th Ave 7IP Code City State 11372 Jackson Heights NY Outstanding Balance Beginning This Period Transaction ID: SD11.20546 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 151.37 0.00 151.37 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CR CARD DONATIONS HELD BY CC MERCHANT **POWERPAY** Mailing Address 280 FORE ST ZIP Code City State **PORTLAND** 04101 ME Outstanding Balance Beginning This Period Transaction ID: SD11.20592 252.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 252.35 428.46 1) SUBTOTALS This Period This Page (optional)..... 428.46 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 428.46 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

#### PAGE 20 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FIELD REP CHRISTINE D'AMICO Mailing Address 2612 NORTH AVE D-9 City State ZIP Code **BRIDGEPORT** 06604 CT Outstanding Balance Beginning This Period Transaction ID: SD12.20453 1500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES APRIL 2008** Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20016 6914.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 6914.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP LEGAL FEES MAY 2008 Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON 20006 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20247 313.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 313.00 8727.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 21 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES AUGUST 2008** Mailing Address 1825 EYE STREET NW State ZIP Code City WASHINGTON 20006 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20372 936.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 936.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP LEGAL FEES SEPTEMBER 2008 Mailing Address 1825 EYE STREET NW ZIP Code State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20380 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 156.00 0.00 156.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING NATIONAL FIELD DIRECTOR Jacobson Elliott Mailing Address 1001 3rd Street, SW ZIP Code City State Washington 20024 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20419 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 4092.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 22 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING NATIONAL FIELD DIRECTOR Jacobson Elliott Mailing Address 1001 3rd Street, SW State ZIP Code City Washington DC 20024 Outstanding Balance Beginning This Period Transaction ID: SD12.20418 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CONSULTING - FUNDRAISING** Jacobson Elliott Mailing Address 1001 3rd Street, SW 7IP Code City State Washington 20024 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20014 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT - HQ RENTAL MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1412 ZIP Code City State **ARLINGTON** 22209 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20648 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1000.00 5000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 23 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT HQ RENTAL MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1412 State ZIP Code City **ARLINGTON** VA 22209 Outstanding Balance Beginning This Period Transaction ID: SD12.20649 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT HQ RENTAL MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1412 ZIP Code City State **ARLINGTON** 22209 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20650 250.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT HQ RENTAL MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1412 ZIP Code City State **ARLINGTON** 22209 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20651 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 250.00 0.00 250.00 750.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 24 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CAMPAIGN COORDINATION SUSAN GRIFFIN Mailing Address 5520 COVINGTON CT #106 City State ZIP Code **DEARBORN** MI 48126 Outstanding Balance Beginning This Period Transaction ID: SD12.20436 525.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 525.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN COORDINATION MINDI IDEN Mailing Address 149 S. Barrington Ave. #326 ZIP Code State LOS ANGELES 90049 CA Outstanding Balance Beginning This Period Transaction ID: SD12.19797 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEE FOR FIELD REP NV **BECKY ISAIS** Mailing Address 5512 VISTA RIDGE WAY ZIP Code City State **KEARNS** 84118 UT Outstanding Balance Beginning This Period Transaction ID: SD12.20450 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 4575.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 25 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW State ZIP Code City WASHINGTON DC 20010 Outstanding Balance Beginning This Period Transaction ID: SD12.20411 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW 7IP Code City State WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20412 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW ZIP Code State City WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.19794 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 26 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW State ZIP Code City WASHINGTON DC 20010 Outstanding Balance Beginning This Period Transaction ID: SD12.20015 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT 7IP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.18205 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.18206 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 27 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT State ZIP Code City **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.19795 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT 7IP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20427 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20428 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 28 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT State ZIP Code City **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20011 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT 7IP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20245 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20332 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 500.00 2500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 29 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT State ZIP Code City **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20371 500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT 7IP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20375 850.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 850.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20377 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 500.00 0.00 500.00 1850.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 30 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES MI FIELD REPRESENTATIVE **NEIL KIERNAN STEPHENSON** Mailing Address 52177 LEXINTON LN ZIP Code City State CHESTERFIELD MI 48051 Outstanding Balance Beginning This Period Transaction ID: SD12.20438 525.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 525.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR OFFICE MANAGEMENT AFIFA KLOUJ Mailing Address 1001 3RD STREET SW #804 7IP Code City State WASHINGTON DC 20024 Outstanding Balance Beginning This Period Transaction ID: SD12.20440 1050.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 1050.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES DEPUTY CAMPAIGN MANAGER JON KRAUS Mailing Address 4702 BELMONT DR ZIP Code City State **EMMAUS** PΑ 18049 Outstanding Balance Beginning This Period Transaction ID: SD12.20416 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 4575.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

#### PAGE 31 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES DEPUTY CAMPAIGN MANAGER JON KRAUS Mailing Address 4702 BELMONT DR City State ZIP Code **EMMAUS** PA 18049 Outstanding Balance Beginning This Period Transaction ID: SD12.20417 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES DEPUTY CAMPAIGN MANAGER JON KRAUS Mailing Address 4702 BELMONT DR 7IP Code City State **EMMAUS** 18049 PA Outstanding Balance Beginning This Period Transaction ID: SD12.19791 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES NATL PUBLICITY DIRECTOR JOE LAURIA Mailing Address 205 PINEHURST AVE #6J ZIP Code City State **NEW YORK** NY 10033 Outstanding Balance Beginning This Period Transaction ID: SD12.20430 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 6050.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 32 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CALIFORNIA COORDINATOR mosier lynne Mailing Address 76 patrick way ZIP Code City half moon bay CA 94019 Outstanding Balance Beginning This Period Transaction ID: SD12.19793 5000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 5000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR INFORMATION TECHNOLOGY SKYLER MCKINLEY Mailing Address 1815 S. QUEEN WAY 7IP Code City State **LAKEWOOD** 80232 CO Outstanding Balance Beginning This Period Transaction ID: SD12.20457 5000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 5000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING ALTERNATIVE DE-BATE TECHNOLOGY CASEY MCLLVAINE Mailing Address 225 LYCEUM AVE ZIP Code City State **PHILLADELPHIA** 19128 PΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20455 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 500.00 10500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 33 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DAVID NELSON VAN-DETTE CONSULTING FIELD REP FL Mailing Address 1013 RIDGE ROAD City State ZIP Code **LARGO** FL 33770 Outstanding Balance Beginning This Period Transaction ID: SD12.20444 525.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 525.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FIELD REP DAVID NELSON VAN-DETTE Mailing Address 1013 RIDGE ROAD 7IP Code City State 33770 **LARGO** FL Outstanding Balance Beginning This Period Transaction ID: SD12.20446 1050.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1050.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): NETWORK GUILD LLC CONSULTING FEES FOR WEBISTE MANAGEMENT Mailing Address 1068 TREVINO LN ZIP Code City State **HENDON** 20170 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.18207 10000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 10000.00 11575.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 34 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR WEBISTE MANAGEMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN City State ZIP Code **HENDON** VA 20170 Outstanding Balance Beginning This Period Transaction ID: SD12.20421 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR WEBISTE MANAGEMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN 7IP Code City State **HENDON** 20170 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20422 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR WEBISTE MANAGEMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN ZIP Code City State **HENDON** 20170 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20423 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 35 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR WEBISTE MANAGEMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN City State ZIP Code **HENDON** VA 20170 Outstanding Balance Beginning This Period Transaction ID: SD12.20424 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR CAMPA-IGN MAGT CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD 7IP Code City State **BRANDYWINE** 20613 MD Outstanding Balance Beginning This Period Transaction ID: SD12.20012 7498.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 7498.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR CAMPA-IGN MAGT CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD ZIP Code City State **BRANDYWINE** 20613 MD Outstanding Balance Beginning This Period Transaction ID: SD12.20246 7498.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 7498.00 17496.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 36 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR CAMPA-IGN MAGT CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD State ZIP Code City **BRANDYWINE** MD 20613 Outstanding Balance Beginning This Period Transaction ID: SD12.20425 7498.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 7498.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR CAMPA-IGN MAGT CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD ZIP Code City State **BRANDYWINE** 20613 MD Outstanding Balance Beginning This Period Transaction ID: SD12.20426 3749.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 3749.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PHOTOGRAPH GEORGE REBH** Mailing Address 4899 35TH RD NORTH ZIP Code City State **ARLINGTON** 22207 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20448 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2000.00 13247.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 37 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FIELD REP George Ripley Mailing Address 1425 Monroe S. NW State ZIP Code City Washington DC 20010 Outstanding Balance Beginning This Period Transaction ID: SD12.20447 525.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 525.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION APRIL SHARPLEY Mailing Address 3801 TATTERSHALL LANE 7IP Code City State **AUSTIN** 78727 TX Outstanding Balance Beginning This Period Transaction ID: SD12.18204 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION APRIL SHARPLEY Mailing Address 3801 TATTERSHALL LANE ZIP Code City State **AUSTIN** 78727 TΧ Outstanding Balance Beginning This Period Transaction ID: SD12.19798 1500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1500.00 4525.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

#### PAGE 38 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ENVIRONME-NT ISSUES STACEY STANDLEY Mailing Address 5114 TURNBURRY LN State ZIP Code City SPANISH TRAIL NV 89113 Outstanding Balance Beginning This Period Transaction ID: SD12.20452 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FILM PRODUCTION **DAN SWARTZ** Mailing Address 95 HORATIO ST **APT 406** ZIP Code City State **NEW YORK** NY 10014 Outstanding Balance Beginning This Period Transaction ID: SD12.20432 1050.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 1050.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FILM PRODUCTION RICH SWARTZ Mailing Address 95 HORATIO ST APT 406 ZIP Code City State **NEW YORK** NY 10014 Outstanding Balance Beginning This Period Transaction ID: SD12.20434 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 4600.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 39 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.18200 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 7IP Code City State ST LOUISE 63132 MO Outstanding Balance Beginning This Period Transaction ID: SD12.18201 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City State ST LOUISE 63132 MO Outstanding Balance Beginning This Period Transaction ID: SD12.18202 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 9000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 40 / 40 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.19796 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City State ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.20420 1000.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 1000.00 4000.00 1) SUBTOTALS This Period This Page (optional)..... 143062.00 2) TOTALS This Period (last page this line number only)..... 44615.73 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 187677.73

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)